2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000067437 1. Entity Name AURON 2000 INC.					FILED May 05, 2001 8:00 am Secretary of State 04-02-2001 90281 047 ***150.00			
913 Suite, Ap	11te# 1613	Suite, Apt. #. etc.	30. Dade #1613	land	DO NOT WRITE IN TH	IS SPACE	[]4[] [44] [45]	
City & Sta	zni, Fl.	City & State . Miami	A.		4. FEI Number 65-0439971		Applied For lot Applicable]
2°319	5 6 Country USA 6. Name and Address of Curr	33156	USA		Certificate of Status Desired Mame and Address of New Registere	\$8.75 Ac Fee Requir	iditlonal ed	}
1556 STE	LIN, MARK D MADRUGA AVENUE 120 RAL GABLES FL 33146		Nage Skeet City	ASIL	VANAKAKIS D. Bir Number is Not Acceptable) L. Dadeland 13/vd. # 1613		1856	
SIGNATURE 9. This corporate filling	Baul L9 Yanua Signature, typed or printed refine diregistered a constion is eligible to satisfy its Intengo requirement and elects to do so.	opers and title il applicable. (NOT	E: Registered Agent signs III) FEE IS \$150 IO1 Fee will be \$.00	agent, or both, in the State of Florida. On reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution.	7/0/ \$5.0	00 May Be d to Fees	
11.	OFFICERS A	Make Check Payat ND DIRECTORS	le to Departmer		ADDITIONS/CHANGES TO OFFICERS AN		S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, ROBERT 701 BRICKELL KEY BLVD, ST MIAMI FL	□ Delete E 2505	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	So, miami Avenue mi, Fi 33129	Change	☐ Addition	E034 (10/00)
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S RUBIN, GLADELMY 6761 SW 28 TERR MIAMI FL	⊠ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAKKAS, COSTAS M -2642-COLLINS AVE., #305 MIAMI BEACH FL 33139	Delete	TITLE NAME -STREET ADDRESS -CITY-ST-ZIP			Change	Addition	: ** =
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE	√ □ Deiæte	TITLE NAME STREET ADDRESS CITY-SI-ZIP	SECRI HARIA 2530 MIA	CAMILA MAZ 7 S. Bay Shore Dr. 1 ml. A. 33133	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition	- ,
of the corp	or on an attachment with an address	i is true and accurate and that m Dowered to execute this report a	y signature shall hi as required by Cha	ave the sam pter 607, Flo	n 119.07(3)(i), Florida Statutes, I further ce e legal effect as if made under oath; that I vida Statutes; and that my name appears	am an officer of the Block 11 or	or director Block 12 if	